# Synopsis of Part One

**Online Panel, May 2024**
**Facilitated by Dr. Michael Gardam**

## Dialogue Summary

### Envisioning a Health System with an Engaged and Supported HHR Workforce in Canada

The panelists comments emphasized the importance of addressing a multitude of small issues to achieve significant improvements, creating a supportive and inclusive environment for all healthcare workers, planning for long-term sustainability, and adapting to the evolving needs of the population.

Deborah Gordon articulated the characteristics of an ideal workforce, envisioning a healthcare system that delivers superior care at optimal costs, achieving the best possible outcomes while consistently upholding principles of equity. In this model, health leaders would receive comprehensive education and robust support, enabling them to foster a strong organizational culture and lead their teams with confidence and resilience. Emerging leaders would be nurtured through mentorship and collaborative initiatives. The emphasis would be on the well-being, growth, and development of the healthcare workforce, ultimately resulting in enhanced outcomes. The ideal health system would provide integrated and seamless services delivered by health workers defined more inclusively. These workers would feel safe, maintain good health, and be deeply embedded within the system's fabric.

The approach to the HHR crisis should be inclusive, Dr. Ivy Bourgeault stated, an approach involving all stakeholders, including health leaders, and leveraging the investments made by the public and workers in their training. It is crucial to utilize the diverse skills and knowledge across different sectors, considering inclusivity and the gendered nature of healthcare work, as it is the primary sector for women. Planning must account for gendered lives and cohort effects, recognizing the intersections of identities. A focus on supporting workers downstream should be complemented by proactive upstream planning, ensuring that the right sectors are adequately equipped to meet future needs. Health leaders play a vital role in fostering a culture of long-term planning, moving away from short-term solutions that are often not evaluated for their long-term impact.

In Ontario, Dr. Karima Velji reports, efforts to address healthcare dilemmas have intensified, spurred by past failures to anticipate impending shortages and ensure sustainability fifteen years ago, resulting in shortages even before the pandemic struck. Recognizing the predictability of these challenges, recent efforts have begun to incorporate long-term planning, considering projected population growth and aging needs. This strategy hinges on four pillars: firstly, expanding education to meet future demands across healthcare professions, from nursing and medical schools to personal support workers (PSWs) and soon to other registered health professionals like medical radiation technologists (MRTs), occupational therapists (OTs), and physiotherapists (PTs). Secondly, there is a focus on expediting the registration pathways for those health professionals who want to live and work in Ontario.

Thirdly, enhancing scopes of practice, such as allowing pharmacists to address minor ailments and promoting family caregivers' education. Innovation and creative solutions for roles are essential. Fourthly, efforts are directed towards improving workforce retention and equitable distribution, particularly in underserved regions like Northern Ontario, through collaborative solution design.

## Addressing the HHR Crisis and Initiatives in Canada

Progress in addressing healthcare workforce challenges is underway with a collaborative effort involving governments, employers, healthcare providers, unions, researchers, and professional associations, to name a few, Gordon began. At the system level, significant investments and commitments have been made to tackle these challenges, supported by a Committee for Health Workforce, made up of federal, provincial, and territorial representatives, that work together on aligning approaches and streamlining processes for key health workforce policies across the country. Healthcare workforce planning is now occurring at various levels, including a new national Health Workforce Canada organization that will help advance data and planning across the country. Good progress is being made on a number of fronts. Several new data tools have emerged such as CIHI's Physician Resource Planning Tool (PRP tool) which allows for the forecasting of physicians, by specialty, for 20 years into the future. Efforts to enhance standardized data collection by major data organizations are enhancing decision-making, while advancements in data modeling by governments, health regions, professional associations and researchers are aiding in workforce tracking and planning. Initiatives like the HSO Global Workforce Survey by Accreditation Canada are promoting workplace improvements to attract and retain talent. Programs focusing on worker wellness are emerging across the country, as are leadership programs aimed at developing the skills required to enhance retention through supportive leadership practices. The focus remains on improving fair employment practices and fostering team-based care across all levels of healthcare, recognizing areas for ongoing improvement.

Bourgeault described that the Canadian Health Workforce Network (CHWN) focuses on two main areas: retention and data for planning. Emphasizing retention over recruitment, as retention provides the greatest return, CHWN advocates for adapting existing practices and toolkits to local contexts. An example of an upstream approach to retention is a shift towards proactive stay interviews rather than reactive exit interviews highlights the importance of addressing ongoing concerns (the 'ought to's') rather than merely responding to immediate needs (the 'got to's'), as referenced in New Brunswick Child, Youth and Seniors Advocate, 2024. Regarding data for planning, CHWN promotes a nuanced understanding beyond simplistic modeling, emphasizing frontline input to determine essential information for informed decision-making. This approach fosters a culture of using qualitative and quantitative data effectively, supporting scalable and adaptable strategies across healthcare settings.

Effective leadership in healthcare requires a proactive approach where leaders engage directly with frontline staff and operations, stated Velji. Learning from the frontline entails being attentive to emerging issues and successes within micro-cultures, where exemplary organizations can serve as models for others, showcasing practices like low turnover rates and minimal agency reliance. This approach underscores the importance of learning from successful organizations rather than solely relying on government decisions, which can often be influenced by political factors, thus advocating for leadership that is responsive and grounded in practical insights from within the healthcare system itself.

Gardam expanded, based in complexity science, that while we can learn from one another, ideally, we use the high-level approaches of others as guiding principles for our own solutions.

## Cultivating a Healthcare Culture for Changing Generational Needs

A culture shift is required to attract and retain these individuals in the HHR workforce, thereby ensuring job satisfaction and the sustainability of the health system

Bourgeault emphasized that an intersectional approach which considers age, gender, and other identities is crucial in addressing the attrition rates within the healthcare workforce. Data indicates that OTs often leave within two years, midwives exit during training, and physicians and nurses tend to leave within five years of practice. These early career challenges necessitate focused attention and targeted interventions. Recruitment and mentoring are vital strategies, with mentoring being particularly effective in retaining later career professionals by shifting their roles to support new entrants. Understanding and supporting the career trajectories and practice patterns of these experienced professionals is essential, as their experiential knowledge is invaluable. For instance, the replacement of experienced nurses with travel nurses has highlighted the critical importance of relational and experiential knowledge, especially evident in emergency rooms, and this insight extends to other healthcare professions.

To attract the next generation to healthcare careers, Gordon indicated that it is crucial to start engagement from a young age and to positively present healthcare careers. Providing access to appropriate and innovative educational opportunities are essential in preparing future professionals. Emphasizing team-based care, rather than sole practice, fosters a culture of interdisciplinary collaboration, reduces burnout, and builds resilience, all leading to retention within the system. Addressing system inequities, creating a supportive and inclusive environment, embracing diversity, promoting flexibility, and integrating technology are also vital. Additionally, addressing burnout and well-being by de-stigmatizing the need for support within HHR careers is critical for sustaining a healthy workforce.

Finding a balance between addressing early career turnover and enhancing retention is essential, Velji explained. Initiatives like Ontario's Clinical Scholars programs help retain expert nurses by allowing them to mentor new graduates and internationally trained professionals, fulfilling their desire for meaningful work. Additionally, offering students externships in clinical settings, where they are paid while learning, provides practical experience and financial support, further encouraging them to stay in the healthcare workforce.

Gardam highlighted the current crisis in Canadian healthcare, emphasizing that while fundamental changes are necessary, they require both time and money, even though people need services now.

## Addressing Immediate Needs and Long-Term Solutions

Bourgeault mentioned that the article "How it All Broke" provides a thorough explanation on what has gone wrong with the healthcare system. Bourgeault emphasized the urgent need for bold actions to address the healthcare crisis and highlighted that we've successfully implemented bold changes before, and now is the time to do so again. She advises learning from successful strategies employed elsewhere to guide these efforts.

Gardam provided the example of medical assistance in dying, illustrating how public voices encouraged politicians to muster the courage for significant change and undertake difficult decisions.

Velji and Gordon both indicated that this crisis is an opportunity to open doors that have not been opened before, partly due to the pandemic. This moment allows for both preparing for long-term improvements while taking immediate action.

## Summary of Participant Comments

The participants' comments highlighted key elements needed for a cultural shift in healthcare. Here is a triangulated summary of the main points:

1. **Cultural Transformation:** A complete cultural shift is necessary in healthcare, emphasizing the well-being and safety of the Health Human Resources. This shift requires courage, hard work, and a strong focus on teamwork and communication. Breaking down silos and ensuring open, closed-loop communication with feedback mechanisms are critical components.
2. **Professional Practice and Leadership**: Healthcare professionals should practice within their full scope, supported by transformational leadership and robust mentorship. Leaders must be well-educated and provide adequate support for new staff to prevent overwhelming them. This includes valuing and compensating continuing education, preparing staff for mental health challenges, and ensuring staffing aligns with skill sets and experience.
3. **Work-Life Balance and Wellness**: Shorter shifts, flexible work weeks, and better work-life balance are essential for reducing burnout. Implementing workplace wellness strategies, promoting trust and autonomy, and providing appropriate financial incentives are vital. All healthcare workers should be viewed as equal parts of a team with shared values and goals, fostering an inclusive and supportive environment.
4. **Education and Inclusivity:** Updating medical school curriculums to include change management and business management training is crucial. Addressing professional bias and ensuring the inclusion of all healthcare professionals in planning and needs assessment are necessary steps. Flexible shift patterns that respect various life stages, expanding workforce diversity, and partnering with educational institutions to prepare healthcare teams for future roles are also key priorities.

These elements collectively aim to create a more supportive, inclusive, and effective healthcare environment that values the well-being and development of its workforce

## Part One Recording

https://vimeo.com/974164008/5d4192b561?share=copy